FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082771 (3)

1. Corporation Name

IMPORTACIONES & EXPORTACIONES BALABAR OVERSEAS, CORP.

Principal Place of Business
8359 S.W. 107 AVENUE #A
MIAMI FL 33173

Mailing Address
8359 S.W. 107 AVENUE #A
MIAMI FL 33173

3. Date Incorporated or Qualified: 10/25/1995

3a. Date of Last Report:

4. FEI Number: 65-0617673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 2121 PONCE DE LEON
Suite, Apt. #, etc.
22 521
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 2121 PONCE DE LEON
Suite, Apt. #, etc.
27 521
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 USA

9. **Name and Address of Current Registered Agent**

BALBOA, ALFREDO
8359 S.W. 107 AVENUE #A
MIAMI FL 33173

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD #521
83
84 City CORAL GABLES FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Alfredo Balboa* ALFREDO BALBOA PRESIDENT DATE 4/15/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	BALBOA, ALFREDO	
STREET ADDRESS	8359 S.W. 107 AVENUE #A	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VSD	☐ DELETE
NAME	BALBOA, ELENA	
STREET ADDRESS	8359 S.W. 107 AVENUE #A	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2121 PONCE DE LEON #521	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2121 PONCE DE LEON #521	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfredo Balboa* 4/15/96 305-569-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)